

3. (complete the following applicable item A or B)

A. X The correction(s) is/are not due to any error by applicant and no fee is due.

OR

B. At least one of the above corrections is due to applicant's error and the fee therefor under 37 CFR 1.19(h) of \$25.00 is paid as follows:

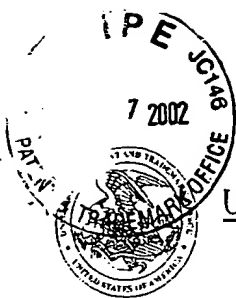
 Enclosed is check for \$25.00

 Charge Account 19-0079 \$25.00.

Respectfully submitted,



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APPLICATION NUMBER	FILING DATE	GRP. ART UNIT	FIL FEE REC'D	ATTY DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/897,722	07/02/2001	2817	870	3DG-106	5	19	3

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Should be:
"Micronas. 6198"

CONFIRMATION NO. 8165

UPDATED FILING RECEIPT



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NOV 13 2001

Date Mailed: 11/06/2001

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Applicant(s)

Matthias Vierthaler, Freiburg, GERMANY;
Carsten Noeske, Glottertal, GERMANY;

Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/282,528 04/09/2001

Foreign Applications

If Required, Foreign Filing License Granted 08/20/2001

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No

Title

Adaptive signal weighting system

Preliminary Class

333

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Bib Data Sheet

CONFIRMATION NO. 8165

SERIAL NUMBER 09/897,722	FILING DATE 07/02/2001 RULE	CLASS 333	GROUP ART UNIT 2817	ATTORNEY DOCKET NO. Microas.6198
APPLICANTS Matthias Vierthaler, Freiburg, GERMANY; Carsten Noeske, Glottertal, GERMANY; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/282,528 04/09/2001 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/20/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	STATE OR COUNTRY GERMANY	SHEETS DRAWING 5	TOTAL CLAIMS 19	INDEPENDENT CLAIMS RECEIVED JAN 16 2002 TC-2800 MAIL ROOM SEP 1 9 2002
ADDRESS Samuels, Gauthier & Stevens LLP Suite 3300 225 Franklin Street Boston, MA 02110				
TITLE Adaptive signal weighting system				
FILING FEE RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

